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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ANEURISM OF THE FEMORAL ARTERY—LIGATION OF THE EXTERNAL ILIAC—CURE.*

BY W. O. ROBERTS, M. D.,

Prof. of Surgical Pathology and Operative Surgery in the University of Louisville.

A negro man, thirty-seven years of age, presented himself at the University clinic on the 11th day of last May, giving the following history: He had been a heavy drinker, and occasionally indulged in a protracted spree. Ten years ago he had been treated for syphilis, and having had no manifestations of the disease since, considered himself cured. He was an uncommonly muscular man, and while turning somersaults in a strolling play company he fell in the act and struck his right thigh against the top of a chair. He was confined to his bed for some days after, and the thigh swelled greatly. This was in ————————. He has been lame since that time, and has scarcely been free from pain in the hip, thigh, and knee. Several months after the accident, while rubbing his limb, he discovered a small, hard lump in the upper and inner part of the thigh, at the point which had been struck in the fall. This gradually increased in size. In

*Read before the Medical Society in July, 1883.

February last he had become so lame as to be unfit for any kind of business, the tumor being about the size of the fist. He now for the first time consulted a physician, who recognized the tumor as an aneurism, and applied Martin's bandage. This treatment was kept up for a week, the bandage being applied directly over the tumor, remaining on several hours of each day, when it had to be abandoned on account of the pain it produced. The tumor now increased in size more rapidly, and the entire limb began to swell from the foot up, and the lameness to grow worse. He came to the University clinic on the 11th of May last, walking with extreme difficulty and in great pain. I found an immense tumor occupying the inner and anterior part of the thigh, extending for an inch and a half below Poupart's ligament to the lower third of the thigh. The vertical measurement over the surface of the tumor was twelve inches, and the transverse thirteen inches. The pulsation and bruit were very distinct over the entire swelling; the former could be seen even at some distance. The bruit was likened, by a companion who came with the patient, to the noise made by the breathing of a wind-broken horse, and the comparison was strikingly good. The limb below the tumor was edematous, and there was marked hyperesthesia of the anterior surface of the leg and foot. The slightest touch upon the latter gave him great pain. There was some tenderness over the tumor itself, so much indeed that the patient could not stand sufficient pressure upon the artery above to cut off its pulsation. The situation and character of the tumor at once suggested ligation of the external iliac artery as the proper treatment. The patient was therefore prepared for the operation by a purgation and by elevating the limb. On the morning of the 12th, assisted by Prof. D. W. Yandell, and Dr. McMurtry, in the presence of the post-graduate class of the University, I operated as follows: The patient being thoroughly anesthetized, a slightly curved incision, beginning about half an inch above Poupart's ligament and to the inner side of *the* center and passing upward and outward for about three inches toward the ant. sup. spine of the ilium, was made down to the tendon aponeurosis of the external

oblique. This was then divided the entire length of the former incision, and afterward the fibers of the internal oblique and transversalis muscles were very carefully cut through and the transversalis fascia brought into view. This was torn through with the fingers from Poupart's ligament and the peritoneum pushed upward, when the sheath of the vessel was exposed, the vein lying to the inner side and the genito-crural nerve on top of the artery, this vessel being in a healthy condition.

The aneurism needle was passed far within and outward, so as to avoid the vein, the nerve pulled aside, and the artery tied some distance above the region of the epigastric with a carbolized silk ligature. Both ends of the ligature were cut short, with the hope that it would become encysted. The incision in the aponeurosis of the external oblique and the muscles beneath was then closed with the continued suture of whale tendon, and afterward the superficial wound brought together, except at its dependent point, which was left open for drainage. The two sets of sutures were thought necessary because of the great thickness of abdominal walls due to the immense amount of adipose tissue. The entire limb was then enveloped in cotton batting, which was confined with a roller bandage, and carbolized dressings applied to the wound. Pulsation ceased in the tumor as soon as the ligature was applied, and has never since returned. The hyperesthesia of the limb disappeared entirely. No peritonitis occurred, and the patient recovered from the operation without an untoward symptom, his temperature never rising above 100.5°. The temperature of the foot on the affected side, to the touch, seemed somewhat higher than that of the opposite one. The cotton and bandage were kept on for ten days, and when removed the edema had nearly entirely disappeared. The patient was kept in bed five weeks, and then allowed to get up and walk about. He has felt but little inconvenience in walking, and the neuralgic pains, from which he suffered so much prior to the operation, have not troubled him since. The wound healed, except at its most dependent portion, by first intention.

Ligation of the external iliac artery for the cure of aneurism

of the femoral was first practiced by Abernethy in 1796; but it was not until 1806 that he met with success, the three operations prior to that time having terminated fatally. Dr. Dorsey, of Philadelphia, in 1811, was the first to perform it in this country. The tables of Drs. Norris and Cutter (American Journal Med. Sciences) show that the vessel has been ligated, for all causes, 153 times, with 47 deaths: 17 died of gangrene; 9 of hemorrhage; 5 of peritonitis; 3 of sloughing of sac; 3 of exhaustion; 2 of tetanus; 2 of causes unconnected with the operation; 1 of pleurisy; 1 of delirium tremens; 1 not stated, and 1 doubtful. There have been three successful cases recorded in which both external iliacs have been ligated in the same patient: one by Arendt, in which the interval between the operations was only eight days; one by Tait, the interval being eleven months and one by Watson, with an interval of nine months.

Ligation of the external iliac artery is considered a much safer operation than that of the common femoral, for several reasons, viz., that the latter vessel, being so near the aneurism, its coats are more apt to be diseased; inflammation is more liable to attack the sac as a result of the close proximity of the ligature; the vessel being so short, and the origin of its large branches so near together, render it difficult for a solid coagulum to form above the ligature, and the liability of occlusion of the two great nutrient vessels of the limb with gangrene below as a consequence.

It goes without the saying that, in ligating the external iliac artery, care must be taken not to wound the deep epigastric artery, the spermatic cord, the peritoneum, external iliac, or circumflex vein, or genito-crural nerve, or to injure the sub-peritoneal cellular tissue. If the deep epigastric artery be divided, of course it can be ligated, but its occlusion would increase the danger of gangrene, as an important anastomosis would be stopped. Wounding of the spermatic cord is not apt to occur, as it can be easily detected and avoided. Wounding of the peritoneum is much less apt to occur when the abdominal wall is opened one half inch above Poupart's ligament, as recommended by Sir

Astley Cooper, and when the transversalis is torn through than when it is cut through. Sometimes it is impossible to avoid injuring this membrane, especially when adhesions exist. The vein is not likely to be punctured if proper care is taken in passing the aneurism needle from it. The genito-crural nerve can generally be seen and readily pulled aside; even were it divided, no special harm would be done. Should the external iliac be found diseased, or secondary hemorrhage follow its ligation, then by an extension of the incision the common iliac may be secured. Of thirty-two cases of this operation, tabulated by Stephen Smith, of New York, only seven recovered. To this table Mr. Erichsen adds eight cases, and gives thirty deaths and ten recoveries.

LOUISVILLE, KY.

SOME FORCES WHICH ACT ON THE SMALL INTESTINES.

BY C. S. BOND, M. D.

This subject is presented in view of the fact that we have some twenty names for retardation or increase of these forces, and again that, through the disturbed equilibrium of the same, a very large proportion of persons of all ages die. Diarrhea, cholera infantum, cholera morbus, enteritis, dysentery, cholera, intestinal catarrh, and inflammation of the bowels are some of the many names used to express the manifestations of a few forces which are operating in this portion of the alimentary canal. In this twenty feet of convoluted muscular tubing we find most of those important chemical changes which the food undergoes before absorption, all of which are controlled by that division of force known as chemical affinity, by virtue of which molecules are drawn together, and are then held firmly in position until some other group of atoms, or molecules, having greater affinity, are brought near. This force, which we can no

more know or comprehend than we can electricity, heat, or light, is the cause of all chemical changes, or re-arrangement of atoms, and is very similar to—if not identical with—vital force. It is this force, then, which causes those wonderful molecular changes that take place in the processes of intestinal digestion, and is there transformed into heat and motion. This force, as other divisions of force, will not manifest its power unless under proper environments. It is well known that when the temperature is raised, in cases of fever, to great heights, we do not have proper digestion, or the process may be stopped altogether. Again, if heat be removed from this region, this force is no longer able to act on molecules present.

The presence of a ferment is essential to the union, as well as a sufficient quantity of moisture. It is a curious fact that, under these circumstances, so few of all the atoms that are passed into the intestines are attracted by the tissues, and that so much force evolved by these changes should be expended in eliminating negative particles. Carbon, hydrogen, oxygen, and nitrogen, playing the important vital rôles in all animal life, are found most abundant in starch, sugars, and meats, and are, in consequence, most desired as foods; but each of these compounds have other substances with them that are either carried into the tissues or thrown off by the force produced in the re-arrangement of their particles by chemical affinity. A second force, which is very near akin to the first, if it is not a different manifestation of the same, is osmosis. Along the alimentary canal, whether in depressions or elevations, we have two layers of cells which act as guards against the exit of blood and the entrance of particles into the blood. These cells are found first to constitute the epithelial layer of the intestines, and secondly to be the wall of the capillaries. Through these two layers of cells, then, we have manifested that variety of osmotic force known as absorption, each cell selecting from the liquid mass in the intestine that which has the greatest affinity for its contents and transforming it immediately into force, or storing it up for future use, or throwing it out on the side of greatest attrac-

tion into other cells, or into the blood current. It will be seen, as in the case of the other branch of force, that any change in surroundings will, at the same time, change the rate of this action, stop it altogether, or reverse the current. Thus, if the blood is lessened on the one hand, and the intestinal contents remain the same, this process may be the exact opposite; as when the specific gravity is increased in the intestines with salts or other materials, there being greater attraction toward the heavier liquid in the intestine, osmosis taking place in either case into the cells, by chemical affinity, but being forced out—after the cell is satisfied—on the side which is next the greatest attraction. In this region each cell has the power, by virtue of the affinity of its special cell elements, of drawing into its interior whatever is most attracted in that direction. It so happens, from this splitting up of chemical compounds, that cells may be bathed with an acid fluid and yet have alkaline contents; and, on the other hand, the reverse is true. It will be seen, therefore, that osmosis is not a mere transudation of fluids, but is the result of molecular changes. A third force, which is brought to bear upon the intestinal capillaries, is the result of several forces, and is simply mechanical in its action. I refer to the pressure of blood, which, in the normal human subject, is equal to a column of this liquid six feet in height, and is something less than fifteen pounds to the square inch, since it is resisted by this amount of pressure from without. This pressure, which is every where exerted against the capillary walls, is the result of the actual hydrostatic pressure of blood and the combined force of the muscular contraction of the heart and arterial coats. This, then, since it depends upon so many factors, must be modified by any change which occurs in any one of the causes, or in the combined action of the same, as we find to be true in cases of hypertrophy of the left ventricle, or in mechanical obstructions in the arteries or veins. On the other hand, a depletion of blood lessens both the hydrostatic and arterial pressure, and makes less internal resistance against external forces. It will be seen, therefore, that whatever increases the relative blood pres-

sure tends, at the same time, to a transudation of the most diffusible portions of the blood by overcoming all resisting forces. This statement is a general proposition, but we can not apply it in a general sense to all parts of the body at the same time, since we can not, as a rule, expect a total increased blood pressure, as the causes are usually local from obstruction, irritation, or otherwise. We may have, however, more than the normal quantity of blood, or a normal amount may be made to press through the muscles at a more rapid rate, in either case increasing the general blood pressure.

A fourth division of force also comprehends a class of causes, and taken as such, will be spoken of as external mechanical force. (By external is meant that portion of the intestine which communicates with the outside world.) With the exception of the pressure of the liquid contents, which is usually something less in specific gravity than the blood, all other agents acting under this head have the normal effect to promote chemical changes, or to put into action nerve-force. Under the former class may be mentioned the ferments in the intestinal juices, and under the latter the bile, and *acids* when present. But, besides these normal products, we find various foreign elements which so powerfully induce nerve-force as to cause other great changes which are outside of the limits of healthy tissues. Now, these irritating particles may be mineral, vegetable, or animal, producing effects in either case in proportion to the disturbance caused in the equilibrium existing between all these forces. The last, and most important of all the forces in this region, is nerve-force, which is manifest through a very unstable chain of molecules, and is always changed at once into motion, thus uniting all other varieties of action in this region, when in the normal condition. Now, this new form of force bears such a relation to the other varieties of which I have spoken, that none of them can take place without producing a degree of this power; and, on the other hand, no changes occur in them except by a transformation of this force, unless it may be purely chemical actions. The place where these mechanical and chemical impulses are

converted into nerve-force is in the ganglia, and by a peculiar naming, a power which is found to go to these bodies is said to be sensitive, while the transformed force which comes away is spoken of as motor. If only a small external force be brought in contact with these sensitive tracks, it is all converted into a motor impulse at the first ganglion; but if a great stimulus be thus received, it will be transmitted to many ganglia before being so converted. These propositions, again, are true of any part of the body, but are only urged in case of the intestinal nervous supply, which differs in some respects from other regions of the body, in that the ganglia are more numerous and the nerve-fibers extend on to the capillaries in this situation. Beale, in one of his last works entitled "Slight Ailments," has very clearly shown these statements to be true, and has added very much to our knowledge concerning inflammation in this portion of the alimentary canal. It is asserted by this author that afferent and efferent nerve-fibres are found abundantly distributed to the mucous membrane of the intestines on the smallest arteries and capillaries; and that each of these nerve-tracks terminate very soon in ganglia, which are found here in vast numbers. That both nerve-filaments are found on the same situation within the muscular coats of the small vessels, and together with their ganglion have control of this portion of muscular tubing to modify its diameter in the normal condition. A stimulus from without comes in contact with the peripheral extremity of one of these nerves and is converted in the ganglion into nerve-force, and then contracts the muscular coat of the artery in the same situation by the efferent nerve-trunk distributed to the same section; in this way controlling the amount of blood to the part, and thereby limiting all other forces of which I have spoken. It must be remembered that the equilibrium between these forces has been established through many generations of individuals having like habits and surroundings, and that these being changed would necessitate a change in one or all of these powers; that is to say, if we persist in eating hay or gravel, it would be necessary to have a new arrangement of forces which would

ultimately be established, or the equilibrium entirely destroyed. After having discussed the normal condition of these forces, let us now pass into the intestine a bit of sand, and mark the effect as it passes along the tube, otherwise in a state of perfect action. Here it touches the mucous membrane and sets in motion the sensitive nerve molecules, causing them to vibrate at more than a normal rate, the vibrations progressing to the nearest ganglion in the simplest case, but vibrating at such an abnormal rate that the nerve-force is partially destroyed, or changed into other forms of force; the effect being that the arteries dilate, and more blood flows into the part, causing the membrane to become red along the track of the friction. If but a small irritation has in this way occurred, only a few of these nerves and ganglia will be involved, the red patch will be small and well defined; but if the irritation be great, many ganglia and nerves will be implicated, and the inflammation may be general. Let us next take food in a state of indigestion. In the normal condition in the small intestines the food has undergone a certain state of digestion, and in that condition produces no irritation; but if a failure has taken place in the process, the indigested particles no longer bearing a proper relation to these forces, irritation results, with its accompanying phenomena. Again, let us suppose minute organisms of vegetable or animal origin to be passed into the intestine, which there multiply in countless numbers, and, as foreign bodies, produce that intense nervous disturbance known as irritation. As before, we find a disturbance in the normal equilibrium between the forces here present. Lastly, suppose the intestine itself to be folded in such a manner as to act as an irritating cause, and the same phenomena follow. What has been said has had reference to that division of force known as nerve-force, when thrown into more than a normal state of vibration. Let us now look at the effect of this cause among the other varieties of force which have been mentioned before. We found that great nerve stimulants caused less motor force than normal, since so much of the power was expended in other directions; therefore the smaller arteries were dilated and more

blood was allowed, with equal pressure, to flow into the capillaries, stretching their elastic walls and stopping the rapidity of the circulation in this region, which in turn induces greater heart's action. The walls of the capillaries being put on the stretch become thinner, and having at the same time to withstand greater pressure, allow the serous elements of the blood to pass through into the intestine, at the same time interfering with absorption. More liquid being now in the intestine makes the contents easily moved, and by pressure stimulates the muscular coats to action. Under this supposition we would have a catarrh of the intestines and diarrhea, both caused by irritation, and the last the necessary consequence of the first. Suppose now that the irritation be increased until the nerve-elements can not vibrate at all to the rate of the external force, we will have a paralyzed condition of the motor nerve-fibres and a complete dilatation of the capillaries in this region, and in consequence such an increased blood-pressure as to cause rupture of the capillaries, or death of the *cells* from want of oxygen, due to so great slowing of blood, and ulceration would be the result. It will be seen, then, that ulceration is but an exaggeration of the causes which produce the effects spoken of above. Again, some substances or bodies have the power, by actual contact with the epithelial cells, of arresting those re-arrangements of elements called "vital processes," and by this cause death. In such cases we find less resistance to internal forces, and the serum exudes through the weakened walls, carrying off the dead epithelial cells. Such a disturbed condition of forces, with its many consequences, is diarrhea, dysentery, or cholera, according to the extent of the effects and the kind of causes producing them. Lastly, the intestinal mucous membrane may be involved in cases of any general inflammation, as in fevers, either from dilated small blood-vessels, with distended capillaries, or from the effect of certain poisonous elements in the blood, which act directly on the bioplasm of the cells to destroy them. In either case the results are the same. It will be seen then, from the foregoing pages, that although we have many names for diseases in the

small intestines, but very few forces are involved, and most of these diseases are indeed but a greater or less disturbance of the same functions.

Any treatment, therefore, which could be expected to be of service in a majority — if not all of these diseases — must be directed to removing the external irritants, or counteracting the effects of the same by remedies which will establish the normal nerve-force, or act directly on the muscular coats of the small arteries to contract them.

RICHMOND, IND.

Reviews.

A Text-book of General Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by DONALD A. MACALISTER, M. A., M. B. New York: Wm. Wood & Co. 1883. 1 vol. 8vo. Pp. 370.

There are books in which the individuality of the author is but slightly or not at all apparent. They may not exactly be compilations, but largely consist of history, of citations of the views and works of others. The author has no views, and expresses only those held by some one else. Other books bear the mark of a strong individuality, express independent views, relate original or, at all events, personal experiments. The author's views may not accord with ours, our experience may have been the very opposite to his, but we are nevertheless interested. He tells us candidly what he has seen, what done, and the opinions he has reached. We may not like his style; the arrangement of his material does not meet with our approval. It is not a book we would keep on our table for frequent reference, nor one upon whose page we would linger with pleasure, and for which the owner takes up a real affection.

Professor Ziegler's book gives, with a strong personal bias, the most modern teachings in general pathological anatomy. The second volume, by the same author, on Special Pathological Anatomy, is in course of publication in Germany. There is a growing liking among us for German medical literature, and this work may be found to satisfy a want in this direction. The book is well translated, and the last part, on Parasites, Vegetable and Animal, will be found more full and up to the present time than any thing in the English language.

Transactions of the New York Academy of Medicine. Second Series. Vol. 3. 1883. Printed for the Academy.

This is an attractive volume of two hundred and five pages. The articles are valuable and well written, and some of them of more than ordinary interest. They appear in the following order:

The Galvanic Accumulator for Storing Dynamical Electricity for Cautery and Illuminating Purposes, by Louis Elsberg, A. M., M. D.

Lesions of the Orbital Walls and Contents, due to Syphilis, by Charles Stedman Bull, A. M., M. D.

Pyemic Parotitis, by Charles A. Leale, M. D.

The Early Diagnosis of Chronic Bright's Disease, by T. A. McBride, M. D.

On Spontaneous Version and Evolution in Shoulder and Arm Presentations, etc., by J. G. Taylor, M. D.

Some Clinical Observations on Diabetes Mellitus, with Cases, by A. A. Smith, M. D.

Persistent Recurring Reflex Spasm of the Bladder during a Period of Twelve Years, resulting in Thickening of its Walls, Dilatation of the Ureters, and Hydro-Nephrosis, Death from Uremia, by Fessenden N. Otis, M. D.

Cases bearing on the Diagnosis and Localization of Cerebral Diseases and their Difficulties, by E. G. Janeway, M. D.

On Excision of the Chancre as a Means of Aborting Syphilis, by Prince A. Morrow, A. B., M. D.

The article on Pyemic Parotitis, by Dr. Leale, and Dr. Elsberg's paper on the Galvanic Accumulator, are perhaps the most interesting contributions.

The absence of the names of many of the most distinguished and leading men from the pages of this volume must be regretted. Thomas, Metcalfe, Flint, Sayre, Barker, Keyes, Markoe, Hamilton, and many others almost as well known, are not even mentioned, except in the list of officers and fellows, and in the list of contributors to the building fund of the Academy.

Handbook of Electro-Therapeutics. By DR. WILHELM ERB, Professor in the University of Leipsic. Translated by L. P. LUTZEL, M. D., Neurologist to Randall's Island Hospital and Physician to the Clinic for Nervous Diseases Bellevue Outdoor Department, etc. With thirty-nine woodcuts. 1 vol. 8vo. Pp. 366. New York: Wm. Wood & Co. 1883.

This work consists of thirty-six lectures and an index. It presents the subject of Electro-Therapeutics arranged in five parts or sections. Part I, Physical Introduction. Part II, Physiological Introduction. Part III, Method of Electrical Examination and Electro-Diagnosis. Part IV, General Electro-Therapeutics. Part V, Special Electro-Therapeutics. It is an excellent *resumé* of the present state of knowledge of this important branch of therapeutics. In spite of several quite meritorious works dealing with the same subject, already before the public, it must prove a valuable addition to medical literature, and will doubtless, as it deserves, find an extensive circulation. It is clear and concise, and covers the ground quite thoroughly. Unlike some other volumes, it is not overburdened with used-up illustrations which increase the bulk and cost without adding to the instructiveness of the book.

Transactions of the Indiana State Medical Society for 1883. Thirty-third Annual Session.

The table of contents is quite rich, and furnishes the titles of numerous papers, a considerable number of which are found, on perusal, to be excellent both as to the subject-matter and manner of handling it. The Indiana State Medical Society is an active and earnest organization, doing good, efficient work for the profession as well as for the benefit of its members.

Clinic of the Month.

THE USE OF ANTIMONY IN CERTAIN SKIN DISEASES.—Mr. Malcolm Morris, F.R.C.S.Ed., Surgeon to the Skin Department of St. Mary's Hospital, writes: Considering the close chemical affinity of three important drugs, phosphorus, arsenic, and antimony, it is somewhat surprising that little use should have been made of the last in the treatment of diseases of the skin. Of the three, arsenic is the one which has gained the greatest notoriety. It has passed alternately through the phases of great popularity—being considered by some a specific for every form of skin affection—and of equally undeserved disrepute. Now, however, we are forming a more rational estimate of its value; and, while acknowledging its utility in a certain well-defined condition, I have thought it might prove useful to bring before this section some of the results observed during the administration of its near ally. A certain share of attention has also been paid to phosphorus, but antimony has hardly been noticed. The probable reason for this is that antimony has been looked upon as a drug to be avoided, on account of the dangerous symptoms produced by even apparently moderate doses. But the same argument that applies to arsenic, and strychnia, and other drugs, applies with equal force to antimony—that the action depends entirely on the dose employed. We find in text-books that it has two actions, in the smaller pharmacopeial dose depressant or antiphlogistic, in the larger dose emetic. But no mention is made of its alterative action in repeated small doses. The sulphide, in combination with mercury and guaiacum, is the only preparation which has been used for this purpose.

Tartar emetic, or tartrated antimony, is the preparation I have used in these investigations, the largest dose being one thirty-second of a grain, or seven and one half minims of the

vinum, only a minimum dose of the British Pharmacopeia. I must mention that, in all cases in which the effect of the drug has been watched, little or no local treatment has been used.

I will state now, in as concise a manner as possible, some of the more important diseases in which I have used the drug, leaving a more complete and detailed account for another opportunity.

Eczema.—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as eczema rubrum, I generally begin with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases, and the local irritation is much relieved; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of the eruption have disappeared. In acute eczema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness nor diarrhea being produced. In the case of aged persons, however, the dose should not exceed three or four minims to begin with, as diarrhea may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localized, the use of antimony is less often successful; but even in this troublesome form, it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In eczema impetiginodes of children, I have noticed little

benefit from the drug till the scabs have been removed and formation of pus checked by local treatment. Simple impetigo contagiosa from a local cause is not included in this category.

In the various forms of so-called lichen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

Erythema.—In most of the cases of erythema met with in practice, the eruption disappears without any special treatment; occasionally, however, when the disease is continued by fresh outbursts, antimony is of great service in modifying the course and relieving the burning and heat. There is a condition which is not clearly described either in special books on the skin or in those on general medicine, that I have found to be greatly benefited by antimony, whereas it is aggravated by arsenic. The attack usually commences suddenly, with heat and burning of the skin of the face, which is followed very rapidly by a great swelling that often involves the eyelids. The smarting is severe, and pain is experienced when the part is touched. Occasionally, vesicles or bullæ are formed on the swollen and inflamed skin. The patient feels ill, but there is no special rise of temperature. The disease usually runs its course in from three or four to ten or even twenty days. The chief feature of the disease is that it is almost certain to relapse. By some authorities, this is considered to be idiopathic erysipelas—the public always call it so; by others, it is looked upon as a peculiar form of eczema, and said to be associated with gout. I have seen several cases, and am inclined to think it may be called relapsing erythema, as it has none of the dangerous qualities of genuine erysipelas. Antimony acts in this disease as in acute eczema, by shortening the attack and diminishing the severity of the symptoms. It should be continued for a considerable time after recovery to prevent, if possible, a relapse.

Prurigo.—In this troublesome affection, frequently met with in our out-patient rooms—the relation of which to the severe form known on the Continent as Hebra's prurigo, Mr. Morrant

Baker pointed out at the International Congress of 1881—antimony is of great use. Three or four minims of the vinum, continued over a long period, allays the itching to a large extent, and often prevents the relapses of eczema. In several cases after arsenic, iron, iodide of iron, cod-liver oil, and numberless other tonics had been tried, antimony was the only drug that produced any benefit whatever. When given in the before-mentioned doses continuously for more than a year, I have never seen sickness, diarrhea, sweating, or debility; but, on the contrary, the appetite improves and the weight increases. I have not had the opportunity of trying the remedy in a patient older than eighteen and a half years' suffering from this disease; but in one particular case of that age the benefit was most marked while the drug was being taken.

Sycosis.—I have given antimony in five well-marked cases of this disease; in four, it did not seem to produce any effect, either beneficial or otherwise; in the fifth, there was considerable improvement after the vinum had been taken a fortnight in seven-minim doses. It seemed to relieve the pain and burning; but, although the remedy was persevered with for over three months, the improvement was only temporary. The local treatment while the drug was being administered was olive oil or vaseline. In none of these cases was there any bad effect; no depression, diarrhea, sickness, or sweating.

Urticaria.—In a few cases of chronic urticaria, I have found antimony, like arsenic, of service in checking attacks so long as the remedy was continued.

Psoriasis.—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed in a few instances that improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress

on; first, that tartar emetic—in doses of one two-hundred-and-fortieth to one thirty-second of a grain, according to age—can not only be tolerated, but seems to have a decided tonic action; secondly that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic. (British Medical Journal.)

Case of Basilysis.—In the Section of Obstetric Medicine, at the annual meeting of the British Medical Association, 1883, Dr. J. Halliday Croom described a case where this operation was found necessary: Among the recent improvements in operative midwifery, the operation of basilysis, as a means of comminuting the fetal basis cranii, deserves to occupy a prominent place. Devised by Dr. A. R. Simpson, some years ago, and carried out by him in practice, it has, in my opinion, quite fulfilled the expectations he formed of it. I gladly take an opportunity of a recent case, which occurred under my care in the Maternity Hospital, to bring this operation under the notice of the Section. The case was as follows:

S. W., a primipara, age twenty-six, was sent to the Maternity Hospital on the forenoon of Sunday. At the time of her admission, she was well advanced in the second stage of labor; the membrane had ruptured early in the morning, and a loop of the cord had prolapsed in advance of the head. I saw her shortly after admission, and found the conditions as described; and further found, on abdominal palpation, a very prominent uterine tumor; the head at the brim, but unengaged, and back to the left. There were no fetal heart-sounds to be heard.

On vaginal examination, the head was presenting, the membranes ruptured, and a loop of cord prolapsed and pulseless. The occiput was to the left, and the sagittal suture transverse. The conjugata vera diameter, gauged by the diagonalis, measured slightly less than two and a quarter inches. The pelvis was a distinct rickety one. The indications, therefore, for reducing the head were obvious. This I did with the basilyst in the following way: With the assistance of Dr. Barbour, the head was

steadied thoroughly at the brim, and the basilyst introduced at the most centrally presenting part of the right parietal bone. The cranial vault was easily pierced, and the instrument pressed down through the cerebral substance to the base of the skull. While Dr. Barbour kept the head perfectly steady, I screwed the basilyst home into the base, and, closing the handle, easily effected separation of it. The head immediately collapsed, and was pushed by Dr. Barbour through the brim, with slight aid on my part with the crotchet. Indeed, the use of the crotchet was almost unnecessary, as, after the collapsed head was well pushed into the brim, its extraction was mainly accomplished by the hands *per vaginam*, aided by suprapubic pressure.

On examination of the head after birth, it was found that the basilyst had entered the right parietal bone, and then passed down to the basi-occipital, just behind the foramen magnum, and the base was found to be splintered both laterally and anteroposteriorly. The disintegration of the base of the skull was remarkably complete, as the recent preparation which I now exhibit shows; and the great diminution in the bulk of the head is obvious from the fact that suprapubic pressure was of itself sufficient, with but little aid from the crotchet, to push the head through the brim.

Remarks. The introduction and working of the instrument are simple enough, but there is one point which, in a former case, offered some difficulty; namely, the doubt, after the basilyst has pierced the vault, as to whether it goes directly to the base. This is more apparent than real, for, if the head be well steadied and its position distinctly made out, there can be but little risk in pushing the instrument straight on in the proper axis. Of course, in case of extreme flexion, it will be easier to strike the center of the base than in a case of a flat pelvis, where marked Naegele obliquity is combined with extension.

This is illustrated in the case I have just recorded, where the basi-occipital bone was struck instead of the sphenoid; but, as the case showed, the result was none the less satisfactory. In any case, the risk of missing the base is very slight. It has been

urged against this method of communication and delivery, that some instrument for extraction in addition to the basilyst is required. First of all, let me point out that, in the case in point, with a head perforated at the occiput, and with a two inches and a quarter brim, suprapubic pressure was almost enough to effect delivery; and secondly, it must be kept in view that a second perforation of the base can always be performed when necessary, reducing the whole head to a veritable pulp, and allowing it to pass through the pelvis with the aid of the hands and suprapubic pressure alone. It has, therefore, the advantage over cephalotripsy and other forms of embryulcia, that delivery is accomplished without the application of any instrument external to the head. (British Medical Journal.)

Double Salpingo-Ovariotomy— Recovery.— Reported by W. R. Pryor, M. D., Assistant Gynecologist to St. Elizabeth's Hospital, New York. (Medical Record.)

History. The patient is thirty-two years of age, and married. She began to menstruate when sixteen years of age, and did so regularly up to the time of her marriage, ten years ago. Before and during her marital life she has suffered a good deal at each menstrual epoch. She has had two children and two miscarriages, her last pregnancy resulting in a miscarriage about three years ago. Her present trouble dates from that time. For six weeks after this abortion she bled almost continuously, and at the same time suffered very acute pain in her pelvic organs. The symptoms were thought to be due to a laceration of the cervix uteri, which existed, and for which an operation was successfully performed by Dr. Watts. The bleeding ceased, but she remained in bed for over two months longer with all the symptoms of severe pelvic inflammation. She improved a little, sufficiently to get up and walk about the room; but soon she had a relapse, and was again confined to bed for many weeks. For the past three years this woman has continued in this way, alternately confined to bed with the most intense pelvic pain, which was relieved only by large doses of opiates, or up,

scarcely able to walk, and every effort greatly increasing her suffering, she at last arrived at that point where life was made bearable by opium only, and she readily and eagerly accepted a proposition of an operation.

Examination. The patient is thin, but in better health than we would expect to find her after hearing her history. The uterus was perfectly movable antero-posteriorly, but its mobility was very much restricted laterally, especially on the left side, in which direction it was slightly drawn. The left fallopian tube could be distinctly felt as an enlarged and thickened cord, and most exquisitely sensitive to pressure. The ovary also of that side was very tender. There was not so much sensitiveness developed on pressure in the right ovarian region, but one could distinctly feel the ovary greatly enlarged. On examining her with Sims's speculum, we found a good deal of free pus in the vagina. This was wiped away, and she was again examined in the dorsal position. Placing her in Sims's position again, we found that more pus had entered the vagina, but no fistulous opening could be seen. On making gentle pressure in the region of the left tube, pus was seen to ooze from the os externum in considerable quantities. As the pus was quite fluid and not mixed with tenacious mucus, and as there were no signs of metritis or endometritis, we naturally came to the conclusion that the fallopian tubes were the seat of a purulent inflammation.

The operation was performed by Dr. W. Gill Wylie at 3:30 P. M. A Sims's uterine repositor was placed into the uterus, and gentle upward pressure was made with it, thus greatly facilitating reaching the uterus and its appendages from above. The primary incision was short, not more than three inches, being more exploratory than otherwise. It was subsequently enlarged. After the skin all the tissues were divided upon a broad director, and the abdominal cavity entered to the left of the linea alba. We found the left ovary prolapsed and somewhat adherent low down to the wall of the true pelvis, with the tube firmly adherent to the ovary. The right ovary also was

adherent, but the tube of that side was free. The ligatures used were of silk, and two were applied on each side of the structures to be removed. This was rendered necessary by the extent and vascularity of the adhesions. In passing the ligatures we used a full-curved round needle about two and one half inches long. After tying off, and removing the left ovary and tube, the stumps were held up for a few moments to make sure that no bleeding was going on, touched with Paquelin's thermo-cautery, the ligature cut short, and the stumps returned. The same method of procedure was employed with the right appendices uteri. Having removed all free blood and clots from the pelvic cavity, and again examining the stumps for bleeding, the abdominal wound was closed with silk sutures.

The following extremely useful precaution was taken in this case: As soon as the abdomen was opened several temporary silk sutures were passed through each lip of the wound, and including all the tissues from skin to peritoneum, thus preventing the stripping back of the peritoneum from the muscles when the hands are passed into the abdominal cavity. Should this accident occur it is usually impossible to prevent the sutures tearing through the peritoneum when we endeavor to close the abdominal wound. After the operation a carbolized dressing was applied. Operation completed in an hour.

First day patient slept till 7 P. M.; then awoke with some abdominal pain; pulse 90. 9:30 P. M.: Has been asleep since 7:45; vomits very little; pulse 92. 11:30 P. M.: Has slept most of the time since 9:30; slight pain; hiccoughs occasionally, and has a little eructation of watery material; temperature 99°; pulse 94; respiration 16–18; sleepy. 11:45 P. M.: Increase of pain, occurring spasmodically.

Second day, 4 A. M.: Slept steadily up to 1:30 this morning; since then she has awakened occasionally; temperature 99.2°; pulse 100; respiration 20; complains of thirst and slight chilliness; general condition excellent; is quiet, and mind calm, being disposed to drowsiness. 10:30 A. M.: Temperature 100°; pulse 92. 12:00 M.: Temperature 99.8°; pulse 108; respiration 10.

3:00 P. M.: Temperature 100.75°; pulse 100; for the first time allowed her to have nourishment (koumiss in one-dram doses). 8:00 P. M.: Temperature 101.75°; pulse 118; koumiss in two-ounce doses. 10:00 P. M.: Temperature 101.4. 11:30 P. M.: Temperature 101°; pulse 118. Since the operation fourteen ounces of urine have been drawn; she has taken ten ounces of koumiss, and has received two and a half grains of morphia hypodermically. In the past twenty-four hours she has not vomited once, and has had but little pain.

Third day, 10:00 A. M.: Temperature 100°; pulse 96. 3:30 P. M.: Temperature 99.5°; pulse 108. 5:00 P. M.: Temperature 99.5°; pulse 92. Midnight: To-day she has taken nearly four pints of koumiss without in the least forcing herself; has received one and a half grains of morphia hypodermically, and fifteen ounces of urine have been drawn; only once has she had pain; no vomiting.

Fourth day, 10:45 A. M.: Temperature 98.25°; pulse 84; commenced giving her the expressed juice of beefsteak cooked rare. 6:45 P. M.: Added pancreatized milk to her *menu*. 8:30 P. M.: Temperature 99; pulse 88. Midnight: Dressed the wound to-day under the spray; the first dressing was found but slightly stained by blood, and was perfectly aseptic; firm union existed along nearly the whole line of incision. To-day she has received less than one grain of morphia. Drew sixteen ounces of urine. Abundance of koumiss, beef-juice, and pancreatized milk taken.

Fifth day, 10:00 A. M.: Temperature 98.5°; pulse 80. 10:00 P. M.: Temperature 99.5°; pulse 108. After this the temperature never reached 99°.

Eighth day: Sutures removed; line of union unbroken except at one point in the center where there was some ectropion of the skin; to this raw surface applied iodoform dressing.

Tenth day: Simple enema given, followed by a large and painless stool, the first movement since the operation.

Sixteenth day: Out of bed; morphia has been gradually decreased, and was entirely stopped to-day without any bad results except a slight exhibition of temper on the part of the patient.

Thirtieth day: On making an examination to-day we find the following condition of things: The uterus is freely movable in every direction. Douglas's *cul de sac* is occupied by a knuckle of intestine which can easily be pushed up. On each side, running from the uterine stump of the tubes, and apparently terminating at the posterior vaginal wall opposite the os externum, is a firm fibrous band which is slightly sensitive to pressure. These, I think, are the result of a slight inflammation which took place on the second day, when her temperature first reached 101.75°. Beyond this, and the absence of the organs removed, no indication of an operation exists.

Thirty-first day: Patient is menstruating; the flow is slight, and she has less pain than at any of her previous menstrual epochs. She has certain nervous symptoms, such as are often seen in women at the menopause.

Remarks. The diet of this patient for the first few days is mentioned because I think that it is one of the most important factors influencing cases of laparotomy. For the first twenty-four hours the woman received nothing into her stomach except occasionally a teaspoonful of iced water. Had she been given, as is often done, milk and beef-tea *ad libitum*, her stomach, irritable as it was after the etherization, would most certainly have been markedly disturbed, and the efforts at vomiting would have defeated us in what we strive to obtain in these cases, viz. perfect rest of the abdominal organs. What little vomiting she did was more regurgitation than vomiting, as it was done without effort or nausea. When we did begin to give her nourishment, it was in gradually increasing quantities of the easily assimilated koumiss and peptonized milk. The quantity of morphia administered may seem excessive, but the effect produced upon this *habitué* was not more profound than would follow the taking of one grain of opium three times a day by a person unaccustomed to its use.

Removal of the Gall-bladder.—At a recent meeting of the German Surgical Congress in Berlin, Dr. Langenbeck, of

Berlin, showed a woman, aged thirty-four, from whom he had removed the gall-bladder. The patient had suffered from gall-stones for nine months. The gall-bladder was felt as a hard, prominent, sensitive tumor. On opening the abdomen the gall-bladder was found to be hypertrophied and adherent to the neighboring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct, and the patient now looked well and blooming, although she had had a floating kidney removed in 1881. (Medical Press.)

DIAGNOSIS OF LINGUAL ULCERS.—We take the following table from the British Medical Journal:

CARCINOMATOUS.	SYPHILITIC.
Age—usually after forty-five years. Exceptions.	Age—usually after forty-five years. Exceptions.
Site—usually on one side. Tends to invade floor of mouth.	Site—on the upper surface; often in middle line.
Edge—defined, infiltrated, everted, hard.	Edge—less defined; may be excavated and sloughy; not infiltrated or everted. Another s. myositis interstitial and diffuse.
Pain—constant; darting into ear, etc.	Pain—comparatively slight.
Fixity—marked, from tendency to invade floor of mouth.	Fixity—not marked.
Glands—submaxillary lymphs soon involved and hard.	Glands—affected less rapidly and to a much less degree. Post.-cervic. as well as submax. Grows less hard.
Progress—steady; often rapid. Resists treatment.	Progress—slow; often stationary. Amenable to treatment.
Origin—in a slight abrasion; a fissure or crack; wart (rare).	Origin—in a "lump."
Previous history and concomitant signs—perhaps of irritation.	Previous history and concomitant signs—of syphilis.

THE CONVERSION OF MALIGNANT INTO BENIGN TUMORS.—The celebrated Prof. von Nussbaum, of Munich, recently delivered a clinical address on the above subject, which has been published by Finsterlein, of that city. It was Thiersch who uttered the weighty words, "One ought not to despair of discovering a

method of curing cancer if one could succeed in causing the proper remedy to act immediately on the structural elements for sufficient length of time to prevent their proliferation without destroying them." Since many methods of treatment have already proved ineffectual, Nussbaum believes that he has discovered one that promises to fulfill the requirements of Thiersch, and which has, in fact, already shown good results. Nussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply, in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench around the neoplasm by means of the thermo-cautery. The vessels that spring from the base of the tumor prevent its dying; they nourish it sufficiently, so that gangrene never takes place." The thermo-cautery is superior to the ligature formerly made use of by him. "I do not doubt," he says, "that this encircling of the tumor, this cutting off of all peripheral nutriment, has a future before it for those desperate cases in which hemorrhages threaten to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it." (Medical Press.)

CHRONIC HYDROCEPHALUS RESULTING FROM ACUTE MENINGITIS.—This is the report (*L' Union Méd.*) of the case of a boy, six and one half years old, whose two aunts were insane, and who had in infancy had frequent convulsions. When five years old, he had measles. After this, he lost his brightness, was backward in mental and physical development, and had an inordinate appetite. For a short time before he came into Dr. Mathelin's hands, he had been peevish, fretful, waking crying from his sleep, complaining of headache, had frequent vomiting, and three or four attacks of tetanic convulsions. Pulse was ninety, very irregular and intermittent, the right pupil dilated

and not reacting well to light, the temperature 38.5° to 39° C., the bowels confined, and abdomen dilated. Dr. Mathelin diagnosed acute meningitis, and gave a bad prognosis, but in a few days improvement set in, and in about two weeks the child seemed well. Four and a half months after this, there began other more severe nervous disturbances—amaurosis, continual vomiting, general and very great weakness. The child lay motionless. The body was stiffened tetanically, the gaze blank, the pupils enormously dilated, the eyes were ceaselessly rolled up and down, the head from side to side, the lower extremities were flexed, there was incontinence of urine, and frequent epileptiform attacks. This attack Dr. Mathelin considered as a chronic hydrocephalus, consecutive to the acute meningitis. After other treatment had failed, the continued use of the constant current effectually relieved the more severe symptoms, but the convulsions still occasionally occurred.

Scarlet Fever in its Relations to the Puerperal State. J. T. Burgess, L.R.C.P., L.R.C.S., Edinburgh, writes, in the London Lancet: The two following cases are interesting, and I trust worthy of record as illustrating a connection between the scarlet and puerperal fevers. They at the same time throw some light upon the questions relating to the period of incubation and to the vitality of the contagious principle of the former disease. Lastly, they painfully demonstrate the fearful responsibility that devolves upon the medical practitioner toward his lying-in patients during the time he is in attendance upon scarlatinal cases.

On November 20, 1882, Mrs. A., aged twenty-two, residing temporarily in an isolated cottage in a sparsely populated district, was delivered of a first child. The labor was tedious, and eventually was terminated with forceps, the child being stillborn. The mother, however, progressed satisfactorily until Saturday, November 25th, when she became somewhat feverish, and complained of sickness and diarrhea. The next day (26th) the throat was sore, temperature 102°, and a slight rash was

noticed on the upper parts of the body. This, during the next few days, became of a bright uniform scarlet, ran the usual course of a scarlatina eruption, and was followed by free desquamation. Thus far no other complication had arisen, but on Wednesday (29th) a change for the worse occurred, the temperature, which had become almost normal, rose to 103°, the body became tympanitic, lochia slightly offensive, and intellect clouded. A hospital nurse was at once sent for, and the next day a consultation was held with a neighboring practitioner. Symptoms of exhaustion, however, such as muttering delirium, picking at bedclothes, dry, brown tongue, etc., set in, and the tympanites increased. Patient sank on Sunday morning, December 3d, thirteen days after delivery, the temperature, as taken by the nurse shortly before death, having reached 106°. The origin of the poison in this case was at first difficult to discover. There had been no recent case of scarlet fever in the neighborhood, and I failed to trace any exposure to infection on the part of patient, nurse, or medical attendant. The following is the only solution of the problem which, after most careful inquiry, presents itself. The patient, upon marriage, was compelled to make temporary use of a cottage which had been empty for some time, and was condemned to be pulled down. The occupants of this cottage, who left it twelve months previously, had all suffered from scarlet fever, and the house had never been disinfected. The bedroom in which my patient was confined had to undergo a certain amount of preparation immediately before the event came off, and among other things, in order that the fireplace might be available, a quantity of old sacking was removed from the chimney. To this disturbance I am inclined to attribute the setting free of scarlatinal poison.

While in attendance upon the above, I was called upon, December 1st, to attend M. G. This patient resided seven miles distant from the previous case. There had been no scarlet fever cases in her village, nor, as far as could be ascertained, could she have had communication with any one suffering from that disease. M. G. was twenty-two years old, unmarried, and was

prematurely delivered in the early morning of December 2d of a small weakly child which died during the day. About 11 A. M. the patient had a slight convulsive seizure, to which no importance was attached, as the girl had frequently shown symptoms of hystero-epilepsy during the two previous years. On Monday, December 4th, however, a severe rigor took place in the afternoon, followed by a feverish state at night. A dose of castor oil was administered, after which a troublesome diarrhea persisted for about a week. On the 5th the throat became sore, and the feverish state continued. On the 6th I was called up at midnight, and found the patient delirious and more feverish, the throat much inflamed, but no appearance of rash. On Saturday evening (8th) the patient was decidedly worse. Irregular patches of dull red eruption were visible on various parts of the body, delirium had increased, the abdomen was greatly distended, and exhaustive symptoms were becoming prominent. During the next week there was very little change, except that desquamation manifested itself and went on freely. The urine, though at first scanty, was passed in fair quantity, but was slightly albuminous. The diarrhea ceased, and it became necessary to administer aperients. All this time the body remained much distended and painful in the hypogastric region. On the 16th the patient complained of pain in left side of thorax, which was easier on the 17th, but worse on the 18th, when the respiration was 38, pulse 158, and temperature 103°. There was some dullness at the left base and a slight rubbing sound above, probably pleuritic. The next two days saw symptoms somewhat better, but on the 21st there was a decided change for the worse. Pneumonia and the greatly distended abdomen together were telling upon the respiratory function, respiration being 48, pulse 174, and temperature 104.6°. The skin was pale, lips livid, and face anxious-looking, though the delirium had passed away. After again rallying on the 22d, the patient sank from exhaustion on the 25th. On the 17th, a younger sister in the same household, who had been in close attendance upon the patient, became feverish. On the 18th rash appeared, accompanied with slight

sore throat, and during the next few days she passed through a mild attack of scarlatina.

That the foundation disease in both these puerperal cases was scarlet fever can scarcely admit of doubt. The clinical history of the first case was well nigh typical, and any shade of hesitation about the second was dispersed by the appearance of the disease in the younger sister. Had this second case stood alone, the real nature of the foundation disease might possibly have been overlooked, owing to the irregularity of the eruption, both as regards time and appearance, notwithstanding the presence of sore throat and subsequent desquamation. The more important complications appeared to take the form of serous inflammations, and to be exaggerations of the after-consequences rather than of the primary symptoms of the disease. If we accept the theory that the first case received its contagion from the cottage itself and on the day of confinement (November 20th), we find a period of five days to have elapsed before the first manifestations of symptoms. In the second case, supposing the medical attendant to have conveyed the infection at the time of parturition, the period of incubation was only three days. In the young girl's case it is difficult to state any definite period of incubation, since it is impossible to fix the exact date upon which she received infection. In the absence of other explanation the first case tends to prove that the vitality of the scarlatinal germ may, under favorable circumstances, continue for at least twelve months, a period much beyond its usually allotted span. It is needless to add that, as soon as the suspicion of the nature of the second case dawned upon me, I at once gave up attending puerperal cases and continued to do so till a month after the death of the patient. During that time I thoroughly fumigated all clothing, instruments, etc., and submitted myself frequently to disinfectant baths. I am thankful to say that, on renewal of midwifery practice, no further calamity has occurred.

Borax and Glycerine in Erysipelas.—In the Medical Times (Philadelphia) will be found an article on the treatment of ery-

sipelas, in which the writer recommends the local application of borax dissolved in glycerine in the strength of one dram to the ounce, and applied on linen. The writer speaks from an experience of eight years, and claims that it cuts short the disease in a remarkable manner. (Canada Lancet.)

Mode of Reproduction of the Liver.—While conducting some experiments upon the spleen of a dog, Dr. Tizzoni accidentally wounded the liver at the edge of one of its lobes. (*Journal de Médecine de Paris.*) Six months later he discovered a tumor at the exact point where the wound of the liver had been made. It had all the gross appearance of the liver substance. A portion was treated with bichromate of potassium and alcohol, and then numerous transverse and longitudinal sections were made. From a study of these the author arrived at the following conclusions: (1) Under certain circumstances the liver may be produced at the point where it has been wounded; there is a new formation of hepatic cells and biliary ducts. (2) Unlike what occurs in the spleen, the great omentum adherent to the wound in the liver does not take part in the reproduction of the substance of the organ, but serves merely as the stroma in which the newly-formed tissue arises and is developed. (3) The new tissue arises from the pre-existing hepatic cells, which by cellular multiplication send out offshoots which penetrate into the epiploön, like the prolongations of an epithelial tumor, in the connective tissue of the skin; the hepatic cells present numerous nuclei, sometimes as many as twelve, which are deeply stained with carmine. (4) Some of these cellular prolongations have a light center, and assume the appearance of bile-ducts, while others are filled with protoplasm and nuclei, and resemble then the hepatic cellules. (5) The newly-formed hepatic cells, which resemble histologically the old ones, have that in common with the hepatic cells of the embryo, that they remain for a long time separated by true lacunæ filled with blood. (6) The acinous disposition is wanting, but large blood-vessels, especially veins, and biliary ducts can be seen. The author concludes from this

that the regeneration of the liver is in all points identical with the embryonic development as described by Remak and Kölliker. (Medical Record.)

NEPHRECTOMY IN BIRMINGHAM.—On August 11th Mr. Bennett May excised the right kidney of a female patient, aged twenty-four, at the Queen's Hospital, Birmingham. The organ, which was the seat of tubercular disease, and weighed nearly a pound, was removed by lumbar incision. No urine was secreted after the operation, but with this important exception there was little indication of local or constitutional disturbance till the patient's death, which occurred suddenly five days afterward. The necropsy showed, as the suppression of urine indicated too surely, that the other kidney was also disorganized by similar disease. (British Medical Journal.)

THE LOCAL TREATMENT OF ACNE SIMPLEX AND ROSACEA.—In a recent thesis, an abstract of which we find in the Journal of Cutaneous and Venereal Diseases, M. Morin says that this can be satisfactorily carried out only by direct action upon the malady at its original seat. The following is the method devised and recommended by the author: He takes a fine darning-needle, having an eye somewhat longer than that of a sewing-needle. Holding this by the point, he introduces it into the affected gland by a rotary movement which causes some of the sebaceous matter to lodge within the eye of the instrument. The latter is withdrawn, cleansed, and re-introduced, and the operation is repeated once or twice until, the gland being emptied, its floor is touched by the needle, when a slight pricking sensation is experienced. The same needle, or another similar one, held in the same way, is then dipped in an alcoholic solution of iodine—of greater or less strength, but never weaker than that of the French pharmacopeia—and is again passed into the gland, charged with a drop of the iodine tincture, which is thus brought into immediate contact with the focus of the disease. After a few minutes a clear liquid, slightly colored by

the iodine, will exude from the gland, sometimes in a drop as large as a tear. This flow will cease within an hour. Twenty-four hours later, in cases of acne simplex, the inflammation, when unaccompanied by suppuration, will have wholly disappeared. If suppuration, however, had existed, it will be found perceptibly diminished, needing only two or three repetitions of the process to effect its entire cessation, followed by a permanent cure. Rosacea, being of a more intractable character, requires the application to be made several times, when results equally favorable will certainly be obtained. The advantages claimed for this mode of treatment over any local measures previously employed are: That it is easily carried out; produces no additional disfigurement; is painless; does not necessitate the seclusion of the patient, and may be relied upon to effect speedy cures even in cases otherwise hopeless. (New York Medical Journal.)

SPLENECTOMY.—Rather more than a year ago Mr. Herbert Collier published a table of twenty-nine cases of removal of the spleen, showing eight recoveries, but an invariably fatal result when the splenic disease was associated with leucocythemia. From this fact, Mr. Collier drew the inference that the operation was not justifiable in cases of leucocythemia. In some quarters exception was taken to this view, and it was pointed out that the operation had been employed when the disease was too far in advance, and that it was wrong to infer that the same mortality would attend it if performed at a quite early period and before the general blood changes were far advanced. A case has occurred in the practice of Franzolini, of Turin, which appears to support this view. His patient was a young woman, twenty-two years of age, whose illness commenced with pain and distress in the left side of the abdomen two years before she came under his care; after eighteen months a large splenic tumor was noted; and some months later an increase of leucocytes in the blood, which at the time of the operation were five times in excess of the normal. The spleen was removed through an

incision in the linea alba, its artery and vein were ligatured separately; it weighed after removal and when emptied of blood fifty-two ounces. The leucocythemia gradually subsided, and had disappeared altogether in four months. This case is certainly encouraging. Dr. A. Blum has recently written an article upon the whole subject of excision of the spleen in the *Archives Générales de Médecine.* His conclusions, based upon a study of the recorded cases, are, that while the operation of splenectomy is practicable and is compatible with complete recovery, it is so often fatal from hemorrhage or shock that it is but rarely indicated. He considers that it is not justifiable in cases of splenic cysts, because they can be cured by other and milder measures; or in cases of hypertrophy, whatever its cause; or in cancer of the organ, on account of the very high mortality. But he points out that in cases of movable spleen with marked and severe symptoms, the operation is comparatively easy and successful; while in cases of hernia of the spleen following an injury the removal of the herniated portion is so successful that the surgeon is fully warranted in undertaking it. (The Lancet.)

Dilatation of the Cervix in Hysterical Opisthotonos.—A young woman was recently brought to Von Nussbaum's clinic, who one year before had had the operation of slitting the cervix performed on account of amenorrhea and hysterical cramps. The operation had given relief, but was not permanent.

The cervix felt hard and cartilaginous, and the os was closed. The cramps had returned and were of the true opisthotonic type. Von Nussbaum repeated the slitting, and inserted his index finger into the uterine cavity; he then thoroughly cauterized the lips of the wound with Paquelin's thermo-cautery. The operator hopes for the best results from this treatment, and so far the cramps have not returned. (*Allgem. Wien. Med. Zeitung.*)

Prophylaxis of Puerperal Fever.—The paper by Swiecicki, in *Centralbl. f. Gynäk.*, as to the time during which a physician should abstain from obstetrical practice after having made an

autopsy, or after attending a case of puerperal fever, has brought out a communication from Hermann Löhlein to the *Gesellschaft für Geburtshulfe und Gynäkologie zu Berlin*, in which he replies to Swiecicki. It will be remembered that Swiecicki concluded that the proper time for this self-quarantine was eight days. It is clear, says Löhlein, that if this rule be rigidly carried out, grave consequences and great inconveniences will result. Hospital physicians would be unable in many cases to perform their duties, and medical students who are dissecting would be excluded from hospitals; for if the performance of an autopsy is a sufficient reason for quarantining a physician, the opening of an abscess, or examining a case of cancer of the os, is also sufficient, and endless inconveniences would result from this practice. He believes that strict cleanliness and proper antiseptic precautions are all that are necessary. (*Centralbl. für Gynäk.*)

NEPHRITIS FROM COMPRESSION OF THE URETERS IN CANCER OF THE UTERUS, WITH CONSECUTIVE HYPERTROPHY OF THE HEART. It is not rare to find, says M. G. Artaud, at the autopsy of women dead of cancer of the uterus, either one or both ureters compressed or obliterated by the neoplasm. This compression or obliteration causes dilatation of the ureter above, distension of the pelvis and calices of the kidney and alterations of the renal substance, which vary according to the intensity or duration of the compression; and in these cases it is not rare to find in women who die in a state of extreme anemia, a hypertrophy of the left ventricle of the heart, which has been caused by the secondary nephritis. After having studied these cases, Artaud draws the following conclusions:

1. In the course of cancer of the uterus there may be developed, from compression of the ureters, kidney lesions, of which the principal characteristics differ according to the degree and duration of the compression.

When there is but little compression, the size of the kidney is normal or slightly increased. The histological lesions consist in a nuclear infiltration about the uriniferous tubules and the

glomeruli and small arteries, a hypertrophy of the glomeruli, and a dilatation of the convoluted tubes, of which the epithelium has undergone fatty degeneration. The size of the collecting tubes is normal, or nearly so, and the epithelium unaltered.

In cases of long-continued pressure, where the ureter and pelvis of the kidney are very much dilated, the kidney becomes atrophied, and the degree of atrophy is in direct proportion to the dilatation of the ureter and pelvis. The pathological lesions consist in the passage to the fibrous state of the nuclear infiltration observed in the beginning of the disorder, and in the breaking down of the straight and collecting tubes, the epithelium of which has undergone embryonic change. The glomeruli undergo either fibrous or cystic change and the convoluted tubes present the same epithelial alterations as in the first stage.

Kidney lesions produced by compression of the ureter in the course of cancer of the uterus frequently bring on hypertrophy of the heart, which is exclusively confined to the left ventricle. This hypertrophy is rarely accompanied by interstitial nephritis. This forms another variety, hitherto but little studied, of cardiac hypertrophy coming on in the course of affections of the urinary organs. (*Gaz. Méd. de Paris.*)

Salicylate of Soda in Diarrhea.—Dr. Calleza says, in an article on the use of salicylate of soda in fermentative diarrhea:

1. That the products of the putrefaction of the materials which pass through the digestive canal cause not only a great number of diarrheal states evidently idiopathic, but also many cases of secondary diarrhea, in which a preëxisting disease has engendered a disposition to putrefaction, which is developed under the least abnormal influences.

2. Salicylate of soda is the most efficacious agent for the prevention of putrefactive fermentation in the intestinal canal, without causing troubles of the normal metamorphosis of digestion. It should always be employed when there is a great fetor of the stools, especially if this characteristic has been noticed at the commencement of the trouble.

3. An amount varying from grs. xxx to xlv per diem, given in two or three doses, is sufficient to cause rapid cure of putrefactive diarrhea, when it is idiopathic in the whole sense of the word.

4. In those cases which are really secondary (and they form a very small number) salicylate of soda may also be used with advantage.

5. In syphilitic and phthisical diarrheas, and in those which accompany visceral abscesses—and especially abscesses of the liver—and dysentery, salicylate of soda has given the best results. (*L'Union Med. du Canada.*)

CLUB-FOOT; SIMPLE MEASURES FOR ITS EARLY RELIEF.—DeForest Willard, M. D., Lecturer on Orthopedic Surgery in the University of Pennsylvania (Transactions of the Medical Society of Pennsylvania), says: Simple treatment can be so readily and easily applied by every one that it should be instituted at the very hour of birth, and should be continuously employed until a cure is effected, either with or without tenotomy. Any one taking a case of moderate talipes in hand will perceive that slight traction will greatly improve its condition, and he will also note that if hand-pressure could be continuously applied the deformity would be permanently cured. As this is impossible, however, we must approximate this action as nearly as possible by instructing the mother or nurse to stretch every contracted tissue, whether fascial, muscular, or ligamentous, at least twenty times a day, and to the full limit of the child's endurance. At the same time the weakened muscles must be stimulated to activity by the use of massage, friction, electricity, etc. Intelligent manipulation is safe, easy, and effectual, and all forms of mechanical assistance must be so contrived that the considerations mentioned can be secured. After many experiments I have been able to carry out this idea in the most simple manner, without the use of rigid braces, with no danger of sloughs or excoriations, and without interfering with the normal and healthful action of the muscles. Furthermore, the apparatus acts continuously during the relaxation of sleep; is easily removable for

massage, friction, etc.; can be worn inside an ordinary shoe; does not absorb urine or feces, and above all permits the mother to rectify the deformity by hand-pressure, without removal of apparatus, whenever the child is in her lap.

The cost is but a trifle, as it consists only of two strips of "printer's blanket, two-ply" (gum with cloth facing, or ordinary gum blanket will answer), two to three inches in width, and of length as required, together with a gum band such as is used for inclosing packages of papers. A shoe-maker will insert eyelets or lace-hooks in these strips in five minutes, and one is then laced upon the leg below the knee with the gum face inward, the other around the anterior part of the foot, if the case be one of varus. Between the two is stretched the gum band, the strength depending upon the age of the infant. Sizes, 0¼, 00½, 000¾, 00001, or five inch will answer. The advantage of girths of printer's blanket over cloth or wet sole-leather similarly prepared consists in the fact that at the temperature of the body they become slightly adhesive and do not readily slip. Should the encircling bands show this tendency, however, sheet gutta-percha softened in hot water, or "gum soling," "medium grade," can be used for cinctures, which will effectually check such turning. All of these articles can be obtained at a trifling cost by writing to the Goodyear or National Rubber Company stores in any city. The adhesive property of the gum prevents the necessity of lacing tightly, and thus interference with circulation is avoided, while frequent washing of skin and apparatus will prevent excoriation. In infants eyelets are better than projecting lace-hooks, and the gum traction band can be secured by lacing; a slit cut in the shoe allows exit for this band, yet is very inconspicuous. The pulling power can be increased as rapidly as the strengthening advances; and by the time that the child is able to walk it will be discovered, in moderate degrees of deformity, that tenotomy, at first thought inevitable, will be unnecessary; and even if required in severe cases, the manipulations and stretching will have so assisted the operation that relapses will be far less frequent.

The cheapness, the effectiveness, and the simplicity of this dressing will, I think, commend it to consideration, especially for poor patients. When the individual can afford an apparatus, the same principle can be carried out by riveting an arm to the ordinary stirrup used in steel uprights for club-foot shoes, at the end of which arm is an eye, through which plays a catgut cord, attached below to the shoe opposite the heads of the metatarsals, above to an elastic webbing running up to be fastened to a button at the top of the upright. An inexpensive joint, which permits motion in every direction upon the ball-and-socket principle, is formed opposite the medio-tarsal articulation by simply paring down the sole for a half inch in front of the stirrup to the thickness of a sheet of paper. If the child is not walking, and there is consequently no danger from the introduction of dampness or dirt, the toe portion of the shoe can be made separately from the heel, being joined to it only at the sole, and there by means of a strip of soft upper-leather. Such a shoe costs but little, and fulfills most simply and perfectly the indications required, *i. e.*, the rectification of the deformity at the calcaneo-cuboid and astragalo-scaphoid articulations, and the stretching of the plantar fascia and contracted gastro-cnemius and soleus, should the case be one of varus.

This shoe also permits the mother to correct the deformity by hand-pressure many times daily, without removal of apparatus, and it can be taken off in the morning and evening for the institution of those most important measures, friction, electricity, shampooing, etc.

The advantage of the plan above mentioned over that of fixing the foot is self-evident, but when, through ignorance or inattention, manipulations can not or will not be carried out, some improvement can be gained each week by the repeated applications of plaster-of-Paris dressings, which shall keep pace with straightening as it advances, each one being brought into a position more normal than its predecessor. Such a dressing, unless cut open, can not be removed for the daily stretchings, but it has its application in certain cases as named above. Silicate of soda,

glue, starch, or any stiffening material will answer, but are not equal to gypsum, as the foot must be held in position during the "setting" of the material, and nothing hardens so rapidly as plaster, especially if table-salt is added to the water.

If these rigid dressings are preferred by any one to the elastic traction, the foot can also be fixed by sole-leather molded to its side, or felt, binder's board, sheet-lead, tin, etc., can be employed for the same purpose. They are all open to the objection that, although removable, they prevent any manipulations while they are *in situ*, and few poor mothers can afford a dozen times a day to take off even a simple contrivance. Moreover, they are easily rendered foul in infants, and weaken rather than develop muscular fiber.

Barwell's dressing becomes speedily soiled in young children, and even in older subjects; while fulfilling the indication of elastic tension, it absolutely forbids the more necessary one of friction, massage, etc., without which but little permanent good can be obtained, since the enfeebled muscles are the ones which most need our care and attention. Neill's talivert is also only serviceable for temporary use.

Should these means fail to overcome the deformity, subcutaneous division of the contracted tissues can be performed, followed by the use of the same measures as before mentioned. The preliminary treatment will prove to have been of immense advantage in preventing those relapses which are so common when physician and patient are impressed with the false idea that tenotomy is the principle means of cure for club-foot. The object of this paper, however, has been to discuss talipes only from the standpoint of simple and inexpensive measures for early relief.

QUEBRACHO IN DYSPNEA.—Dr. Mariani, from recent experimental and clinical studies of the action of quebracho, draws the following conclusions (*Journal de Med. de Paris*), (1) Quebracho, is a medicine whose principal effects are shown by a diminution of the number of the respirations and cardiac contractions.

(2) Its action seems to be especially concentrated on the circulatory center, on which it has a tonic action in regulating the contractions, either directly or by the intermediation of the nervous system. (3) Quebracho may be considered as the only medicine which has a manifest anti-dyspnea. It combats the dyspneic symptom alone, and without the aid of other medicines. (4) It is highly probable that the symptomatic dyspnea of acute affections of the thoracic organs may be amenable to quebracho. (Phil. Medical News.)

Some Interesting Cases of Aphasia.—Before the late meeting of the British Medical Association (British Med. Journal) the following interesting cases were reported by Dr. Gairdner: No case of this kind on record is more striking than that of the first Lord Denman, one of the ablest of the judges and statesmen of his time, the facts of which, though not medically recorded, may be read in an apparently trustworthy narrative of details in the second volume of his published life. Lord Denman had a stroke of paralysis some time before his death, which left him perfectly aphasic as regards utterance; but so far from his power of recognizing and using words being correspondingly impaired, it is said that he was in the habit of reading a great deal in several languages, and indicating most pointedly his approval and disapproval of what he read. He was as unable to write as he was to speak, and thus could not express himself in any way whatever except by gestures; but he lighted upon the plan (apparently spontaneously) of causing his daughters to copy out passages which, in reading, he had strongly approved, in the newspapers and elsewhere, and sending them in a letter to his friends to show that he was still conversant with affairs, and able to take decided views of them.

This case originated in an attack, probably, of right hemiplegia, in 1870; and there is a profusion of these automatic or quasi-automatic utterances to which I have already referred, with a great difficulty, not to say always impossibility, of referring to things and persons by name. It is difficult, for want of

time, to give many details; but the point that is of greatest interest at present is that, when he is utterly at a loss about a name, and can neither speak it spontaneously, nor apprehend it when spoken in his hearing, he is able almost invariably from the written symbol to reproduce something like the word in speaking, and then loses it again as completely as ever when the written word is withdrawn from view. Thus, when shown a pen, and when the word was repeated to him again and again, he could not get nearer it than "petste," but when shown the word *written*, he at once called it "pin." So he called a purse "poke" and "foke," and when pronounced to him, attempted something like "pats," but when the written symbol was shown him, said at once and forcibly "purse."

This man has been aphasic, with right hemiplegia, for some years; and he is so far intelligent as to have no disposition to misuse words, or to indulge in unmeaning phrases. He has been partially re-educated, although now and for some time in a stationary condition. He is perfectly good-humored, and a very fit subject for experiment in every way. We are sure that he knows the meaning and use of objects even when he can not name them; and, in particular, we are sure, from his playing at dominoes, working with coins, etc., that he perfectly understands the real significance of numbers. This being so, it is to be observed that he is utterly helpless when asked to name the numbers on a domino, and equally so when a number is named to him, and he is asked to single it out from a lot of dominoes spread out before him. But he has no difficulty at all in counting on his fingers the number of any domino, or of showing a domino corresponding to any number so displayed to him. In this respect, he resembles perhaps the majority of aphasics; but the peculiarity in his case is that, while he can not realize the number for the spoken word, nor yet from the written symbol, so long as the symbol is a word, he can easily, and apparently with perfect accuracy and intelligence, translate the Arabic symbol into the corresponding number on the domino, and *vice versa*. The word, and the word only representing a number, is a nearly

absolute barrier to him in both directions; he is equally word-blind, word-deaf, and aphasic. But he is not in the least in a difficulty about reading or writting a number, provided only the Arabic symbol and not the word is made the medium of communication.

Dr. Broadbent reported the following case: This was that of a man who could converse fluently and intelligently without mistakes of any kind; but, if an object were held up, and he were asked to name it, he failed absolutely. He could not name such familiar objects as a coat and hat; but if it were said of a hat "That is a coat, is it not?" he would answer at once, "No; but that is," pointing out the hat. He could write either out of his own head or from dictation, but when he had written it he could not read it. It was clear that the word-blindness was only a part of the general loss of the power of naming objects at sight. The explanation of such a case was, that the part from the visual-perception center to the naming center was destroyed; and it was interesting to remark that the lesion found after death implicated the left angular gyrus, insulating it from all other parts.

CANCER OF THE RECTUM; SCRAPING WITH SIMON'S SPOON; RELIEF FOR THIRTEEN MONTHS.—Dr. J. Crawford Renton reports (Glasgow Medical Journal) the case of a man, aged forty, who had been suffering for six months from pain in the lower bowel, accompanied at times by considerable bleeding. On examination, the rectum was found filled with irregular, hard masses, which passed for four inches up the bowel, commencing immediately above the anus; behind the urethra they were very extensive and closely attached to it, so that, anteriorly, it was difficult to separate them, they bled easily, and were evidently villous in character. Owing to their urethral attachment, he decided to operate by scraping the surface of the new growth, and not excising the rectum. He therefore scraped away a large number of the masses with the spoon. The urethra was closely involved with them, so that it would have been hazardous to its

safety to have removed the rectum. The amount of bleeding was less than he expected, and was easily controlled by finely powdered matico. Chloride of zinc was freely applied to the raw surfaces previous to the introduction of the matico on lint. In forty-eight hours the lint was removed and the rectum washed out with weak Condy's fluid and water; and the following day the patient had a movement of the bowels without any trace of bleeding, the first time for four months that it and pain had been absent. He progressed favorably, and was sent home in a fortnight from the time of operation, and was ordered to take Chian turpentine internally. Since then he has continued free from pain and hemorrhage, and as a consequence looks much stronger. The bowel, when examined early in January of this year, showed that whatever growth had taken place had been slight. The patient declared that he felt great benefit from the Chian turpentine. The great success attending the late Prof. Simon's operations on the womb in cancer led him to adopt a similar treatment in the above case; and he thinks that although we can not expect any permanent benefit from it, if we can arrest hemorrhage and relieve pain for a few months by means of it we are entitled to do so. The masses removed were carefully examined and showed appearances characteristic of scirrhus. (Medical News.)

Removal of Hydatid Tumor from Under Surface of Liver during Pregnancy.—Mr. F. C. Batchelor reports the following case: Woman, aged 34; five children. About a year ago she began to suffer from severe pains in the right side, about the region of the liver. Three months later she consulted the reporter, who found a hard, irregular, solid-feeling tumor, about the size of a kidney, deep in the right lumbar region; it was movable, and could be dragged into the middle line, but returned on discontinuing traction. It descended somewhat on inspiration, and was covered in front by the colon. According to the patient's account it was increasing rapidly in size. It was painful to the touch, and there were aching, shooting pains

through it which kept the patient from sleep at night. Menstruation had been missed for three periods. Careful vaginal examination revealed a retroverted uterus, thought to be in the third month of pregnancy. From the history of the tumor, its hard, irregular feel, and the loss of flesh, and pain, the diagnosis seemed to rest between a cancerous growth and a caseous gland. From its increasing size, it was determined not to delay operative measures on account of pregnancy. The abdomen was opened under Listerian precautions. The tumor was found to be an extremely thick-walled, irregular hydatid cyst growing out from the under surface of the liver. The cyst was drawn through the incision, and laid freely open, the delicate lining membrane removed, and the sac well sponged out with a 1-in-20 carbolic solution. The cyst was separated from the adherent omentum with the finger-nail, and finally cut off level with the liver-substance. There was no bleeding of consequence. The wound healed by first intention, and only required one dressing. There was no constitutional disturbance whatever, and the patient was able to leave her bed in less than a fortnight. Pregnancy ran its natural course, and she was safely delivered. (Australian Med. Journal.)

PITYRIASIS.—Malassez adopts the following:

Cocoa butter, ... }
Castor oil, ... } āā 20 grams;
Almond oil, ... }
Turpeth mineral, ... 50 centigrams.

Morning and night anoint the scalp; three times a week use soap. During the first few days of treatment a considerable loss of hair will occur, which would later have fallen out spontaneously. In addition, thorough shaving, or, at least, keeping the hair short and brushing the head briskly to remove all the scurf and expose the parasites to view.

Pincus, speaking of alopecia pityrodes, remarks that arsenic, veratria, cantharidin, carbonate of potassa, etc., are useless. The irritation of the piliferous bulb, and of the elements which sur-

round it, injures the hair and prevents their return. Tannin (gm. 4 to lard 30), and, still better, savin (oil of savin, 30 drops, to lard, gm. 30), are excellent remedies, especially in the first stages of the disease. (Journal of Cutan. and Ven. Diseases.)

THE APHTHOUS VULVITIS OF CHILDREN.—(1) Aphthous vulvitis is a well-characterized disease. It is peculiar to little girls from two to five years of age. Rare in private practice; it is observed especially in hospitals. (2) Measles is the principal cause of this affection. It furnishes two thirds of the cases. (3) Gangrene of the vulva has most frequently for its point of departure aphthous vulvitis. (4) The prognosis, which was unfavorable before the employment of the iodoform treatment, has become quite favorable since the introduction of this agent as a topical application. (5) The treatment consists in sprinkling the affected parts with iodoform powder, and keeping them separated with pledgets of lint. The internal administration of tonics is a useful adjuvant of local treatment. (*Ibid.*)

ADONIS VERNALIS AS A HEART-TONIC AND DIURETIC.—This plant has been for a long time in use in Southern Russia as a popular remedy in the treatment of dropsy, but has not hitherto been submitted to scientific investigations made with a view to determine its physiological and therapeutical action. Professor Botkin has recently employed it extensively in his clinic at St. Petersburg, and Dr. Bubnoff presents a report of the results obtained. (*Allgemeine Medicinische Central-Zeitung.*) It was found to be of value in those cases of dropsy only in which there was pre-existing cardiac disease. After the administration of adonis vernalis the heart-beats were much strengthened, the size of the organ was diminished, and its tones were much louder. The systolic murmur of aortic stenosis especially was intensified. The heart's rhythm became more regular, and the pulse slower and fuller. The daily excretion of urine was increased largely, sometimes rising from ten or twelve ounces to eighty or ninety ounces in the twenty-four hours. In cases in

which there was no actual lesion of the kidneys the albumen and casts disappeared. The subsidence of edema went hand-in-hand with the increase in the amount of urine excreted, and at the same time the secondary symptoms depending upon edema of various organs disappeared. The patients expressed themselves as feeling much better. The remedy was given in an infusion of the strength of one dram to six ounces, to which two drops of oil of peppermint were added. The dose of this infusion was a tablespoonful every two hours. (Medical Record.)

CASE OF NEURO-FIBROMATOSIS.—Dr. J. W. Barrett exhibited a patient to the Medical Society of Victoria on June 6th. The patient is a sailor, who has noticed tumors growing for the last two years in almost every part of his body. None of them is larger than a walnut, and they are painless except when injured. Of late he has had several epileptiform fits.

The tumors can now be felt on almost every nerve of his body that can be examined with the finger, and vary in size from that of a walnut to that of a pin's head. They number thousands, and can not be counted accurately.

The nerves obviously affected are the median, ulnar, musculo-spiral, radial, posterior inter-osseous, internal cutaneous, intercostals, posterior spinals, spinal accessory, lumbar, saphenous, femoral cutaneous, external and internal popliteal, and musculo-cutaneous nerves, together with a few of the branches of the superficial cervical plexus. (Australian Medical Journal.)

NEPHRECTOMY.—The second nephrectomy in Naples and the sixth in Italy was performed by Dr. D'Antona on June 10th for hydro-nephrosis. The field of operation was first washed over with a five-per-cent solution of carbolic acid. The abdomen was then opened in the middle line by an incision 4.8 inches long. When the peritoneum was opened, the descending colon was found fixed, a little to the left, by two folds of the meso-colon, which covered the tumor in front and behind. The tumor was then exposed, and a trocar plunged in, a large quantity of

thin, serous pus, mixed with a turbid, urinous liquid, flowing out. The tumor was found to consist of four sacs containing this liquid. The sacs were separated from their connections with the surrounding tissues, the ureter and renal vessels ligated, and the kidney removed. A large drainage-tube was inserted through an incision about one inch long in the lumbar region. The abdominal wound was then closed by eight deep and four superficial sutures. The operation lasted one hour. The temperature did not rise above 100.4° (on the first day). The discharge from the drainage-tube was never great, and consisted principally of a bloody fluid. Some sutures were removed on the seventh day, and the remainder on the ninth. The patient was discharged on July 1st, well. Microscopic examination of the fluid showed pus and mucous corpuscles almost entirely in a state of fatty degeneration, a few blood-globules, groups of cholesterine crystals, no renal cylinders, and uric and oxalic acid crystals. (*Gaz. degli Ospitali.*)

Iodoform.—Dr. Hofmakl, at the conclusion of a paper on the surgical uses of iodoform (*Medizin. Jahrbücher*) draws the following conclusions:

1. Iodoform is an excellent disinfectant, and, as a rule, is a painless application to wounds.

2. On account of its slight solubility, it is of little value in complicated wounds of cavities.

3. It does not prevent the occasional outbreak of erysipelas.

4. It is not a specific against scrofulous or tuberculous processes, and develops its healing properties most notably in ulcerous processes.

5. By keeping wounds fresh and clean, it furthers granulation, though it has but little influence on the final cicatrization of the wound.

6. Very thin layers of powdered iodoform do not hinder union by first intention.

7. In pharyngeal and laryngeal diphtheria of children, iodoform does not give much better results than other antiseptics.

8. In wounds and ulcers of the mouth, rectum, and vagina, as well as in open, easily accessible wounds in the cavities of bones, iodoform in the form of a thirty to fifty-per-cent iodoform gauze is an excellent antiseptic dressing.

9. Parenchymatous injections of iodoform generally cause a great deal of pain, and it can not be said that they give very excellent results in fungous diseases of joints and glandular swellings.

10. Iodoform ointments and plasters are often of good service in parenchymatous goitres and chronic swellings of glands, joints, and tendons.

11. Iodoform in large quantities is undoubtedly dangerous, and is more productive of good results and less hurtful in small doses.

12. Childhood is not a contra-indication for the use of iodoform.

13. The preliminary cleansing of fresh wounds with weak carbolized water before using the iodoform dressing is of no advantage, so far as Hofmakl's experience goes.

14. The healing of scrofulous and tuberculous sores by iodoform does not prevent their return.

15. Iodoform is an excellent means for the thorough removal of disagreeable odors of neoplasm which do not admit of operation.

16. The occasional syringing of suppurating cavities with small quantities of iodoform emulsion will often have a favorable action on the quality and quantity of the pus.

17. The introduction of iodoform bougies into the urethra and bladder will often alleviate pain, as also in vesical tenesmus and suppurative conditions of the bladder, and will exert a favorable influence on those conditions of the urine in which rapid decomposition takes place.

18. The application of iodoform bougies to long fistulæ of the soft parts is more hurtful than useful, as the fistulæ are only stopped up, and the products of decomposition are not discharged. Equally unwise is the filling up of the mouth of a

fistula with dry powdered iodoform. (The American Journal of the Medical Sciences.)

TREATMENT OF FISTULA IN ANO.—Dr. Poingt claims (*Le Courrier Médical*) that any fistula amenable to treatment by the elastic ligature may be cured by simple drainage of the fistulous tract. The drainage-tube is inserted by means of a stylet passed up the tract from the external opening. At the end of two or three weeks the drainage-tube falls out, after having destroyed the superficial wall of the fistula. A granulating surface of small extent is left, which rapidly heals by cicatrization. The procedure is wholly painless, and the patient may pursue his ordinary avocations during the entire course of the treatment. The operation is never followed by any of those serious complications sometimes seen after the cutting operation. (Medical Record.)

TREATMENT OF PSEUDARTHROSIS OF THE TIBIA.—Dr. F. Guermonprez relates, in the *Bulletin Général de Thérapeutique*, a case of ununited fracture of the tibia cured by means of successive slight irritations of the opposing surfaces of bone, occasioned by the moderate use of the member. He concludes that, in cases of this kind, walking within appropriate limits is not injurious, and may even be conducive to a cure. The limb is to be steadied during use by means of stiff, well-fitting splints, closely bandaged to the parts. (Medical Record.)

TOTAL EXTIRPATION OF THE UTERUS THROUGH THE VAGINA.—Dr. Luigi Guala performed this operation on September 6th on a woman, aged about forty-six years, on account of carcinoma. On the fourth day the patient was doing well. (Medical News.)

Notes and Queries.

THE SANITARY COUNCIL OF KENTUCKY.—The second semi-annual session of the State Sanitary Council was held at Glasgow, on Tuesday, October 2d, with a fair attendance of physicians from Barren and the adjoining counties, and some from distant parts of the State. In the absence of the President, Dr. J. A. Dixon, of Burksville, Dr. R. H. Grinstead, of Glasgow, was called to the chair. Dr. J. N. McCormack, of Bowling Green, Secretary of the State Board of Health, was elected Permanent Secretary. Prof. Elrod delivered an address of welcome, which was responded to, on the part of the Council, by Dr. J. W. Holland.

Dr. Grinstead, Health Officer of Glasgow, read the first paper, on The Adulteration of Drugs, and was followed by Dr. J. S. Leach, of Glasgow, on The Management and Prevention of Smallpox. Both of these papers elicited interesting discussion, each speaker being limited to five minutes.

Dr. J. W. Holland, of Louisville, presented an elaborate paper on The Cause and Prevention of Cholera Epidemics, citing the history of the disease in many towns and cities of Kentucky in 1873 in support of the commonly-accepted view that the disease is miasmatic-contagious in character, and is to be combated by cleanliness, isolation, and the thorough disinfection of the alvine discharges, and every thing with which they come in contact. The discussion of this paper closed the day session.

A large and attentive audience attended the evening session. Dr. R. M. Alexander, of Burksville, read a carefully-prepared paper on The Reasons for Sanitary Legislation, and was followed by Dr. Pinckney Thompson, of Henderson, with an excellent practical paper on Domestic Hygiene; a paper on The

Reciprocal Relations of the People to the State Board of Health, by Prof. L. Eddy, of Danville, was read by Dr. Holland; Dr. McCormack made a plea for the teaching of hygiene in our schools, and Prof. A. W. Mell, of Glasgow, closed the work of the Council with a brief address on School Hygiene. All the papers were short and pointed, and received the closest attention on the part of the large mixed audience.

The Council is an innovation in Kentucky, and its originators are very hopeful of good results from it. It is purely an advisory educational association, and is open to every citizen of the State who is interested in the question of public health The initial meeting in Louisville was held under the auspices of the State Board of Health, but the intention is to keep the two organizations entirely distinct. The experience at Glasgow shows that more time was needed for the work of the Council, and the programme for the next meeting will be arranged for two days. The next session will be held at Bardstown, on the first Tuesday in April, 1884.

THE TRI-STATES MEDICAL SOCIETY.—Two years ago this active organization, not even now in its teens, added the States of Missouri and Ohio to its original number of stars, and at its recent meeting at Indianapolis laid hands on the remaining sovereignties of the Mississippi Valley. Until further notice it will be known as the Medical Society of the said territory, to wit, the Mississippi Valley. How long before the "whole boundless continent" will remain unoccupied by the M. S. of the M. V. is to be seen. The officers elect are: President, Dr. B. N. Griffiths, Springfield, Ill.; Vice-Presidents, Dr. C. G. Comegys, Cincinnati, Dr. J. M. Mathews, Louisville, and Dr. J. E. Link, Terre Haute; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Treasurer, Dr. F. W. Beard, Vincennes, Ind.; Chairman of Committee of Arrangements, Dr. F. L. Mathews, Springfield, Ill.; Chairman of Committee on Programme, Dr. C. P. Pearson, Indianapolis. The next meeting of the Society will be held at Springfield, Ill., at a time fixed by the president.

KAIRIN.—A short account of the discovery of this drug by Dr. Fischer, and its use in medicine by Dr. Filehne, was given in this journal last year. The action of kairin begins about half an hour after being ingested, the fall in temperature being more abrupt the larger the dose. In every case the fall in temperature is accompanied by free perspiration, which continues only while the temperature is falling; as soon as the lowest point has been reached, which occurs after from two to four doses, diaphoresis ceases, and the temperature remains constant so long as one chooses to give kairin. During the diaphoresis, as well as after it, the patients are much relieved, especially those suffering from acute pneumonia; in this disease not only is the temperature reduced, but the pulse and respirations are made much less frequent; the pulse is strengthened, and the pleuritic pain lessened, by this drug. As soon as it is omitted for two or three hours, according to the size of the last dose, the symptoms return as before, the temperature rises to the height characteristic of the disease, and is accompanied by a chill.

In a later article Dr. Filehne says that kairin has been found of great value in a variety of chronic and acute diseases. In special cases, however, its application requires that the temperature be minutely observed during the first day. The following scheme of using kairin with adults has been worked out by him. In the first instance kairin is administered in separate doses of 0.25 gram each, taken in wafers, and an ample quantity of water drunk after them. It is advisable to commence with of 0.5 gram per hour on the first day, and to give these say four times successively, but no longer than until the temperature has reached 38° C. (about 100° F.). The temperature has to be observed once every two hours, or if possible every hour, during the first day; later on this is not necessary with the same individual. When the temperature has been lowered by the above doses to about 38° C. only 0.25 gram is given per hour, and this is continued until the temperature is rising perceptibly, when the former dose of 0.5 gram should once more be administered. A dose of 0.5 gram has to be given at once

if the patient feels the least chilliness. Should it be that 0.5 gram per hour have not had the desired antipyretic effect after four administrations, doses of one gram are given two, three, or four times at intervals of an hour. When, on the other hand, the action of 0.5 gram per hour was perceptible after four hours, without proving sufficient, 0.75 gram is given about four times at intervals of an hour. The doses of one or 0.75 gram per hour are stopped when a temperature of 38° C. is reached, keeping a reserve dose of 1.00 or 0.75 gram respectively in readiness, which is to be taken at once should the patient feel the least chilliness. When the temperature has again risen the administration is started anew.

Since the organism neither gets accustomed to the medicament nor shows a cumulative effect from kairin, a careful day's experimenting in the way indicated suffices, and the dosing thus standardized on the first day may afterward be adhered to. When the weight of the body or the condition of nourishment is excessively low, and in cases of hectic fever, smaller doses have often to be tried first. In intermittent fever the temperature may be lowered, but very large and frequent doses are required to keep it down, and they may give rise to unpleasant symptoms. It may be used subcutaneously, but not too often in the same locality.

On the other hand, Seifert did not find its action so good in all cases. In two cases of severe pneumonia, doses of 0.75 gram every two hours effected no change in the temperature or pulse; in both it caused vomiting. In another case the temperature was reduced, but the patient became collapsed, and died.

The writer has given the drug to a few children and observed no unpleasant symptoms. In one child, three years old, 0.2 gram every hour for five hours was without effect on the temperature, which was taken hourly; 0.2, 0.3, 0.4, gram at intervals of an hour brought down the temperature from 40° C. to 38° C. (104° F. to 100.3° F.). In a child of eighteen months four hourly doses of 0.2 gram changed the temperature from 40.7° C. to 39° C. (105.1° F. to 102.1° F.), and again, in the same case,

0.3, 0.4, 0.5 gram at intervals of an hour brought the temperature from 38.9° C. to 37° C. (102° F. to 98.6° F.)

A very limited experience with adults suggests that the drug will be found to have too many disadvantages, or, rather, inconveniences to ever become very popular, although as the forerunner of a more perfect antipyretic, which we may look for in the near future, it is of interest. (Boston Medical and Surgical Journal.)

TESTIS IN PERINEO.—Dr. R. L. Macdonnell, in Canada Medical Record, August, 1883, relates a case. The patient is fifteen years old. The left testicle has rested in the perineum from the time of his birth. It is situated slightly to the left of the ano-scrotal raphe, rather nearer the anus than the scrotum. The organ is well developed, and freely movable. It can be put into its proper place, but can not be retained there. The scrotum is not so well developed on the left side as upon the right. There is left inguinal congenital hernia. The boy has been under observation for the last five years. He is said to have been born prematurely at the sixth month, and up to the present time has been very delicate, but the deformity has, as yet, caused him no inconvenience.

STATE OF THE GUMS IN PREGNANCY.—M. Delestre has observed that not only in pregnancy, but during the menstrual periods, the gums in the female are congested, swollen, and softened. The gingival troubles commence about the second month of pregnancy. Didsbury describes three degrees of gingivitis of pregnancy. In the third, the gums are so inflamed that they have a reddish-violet color, are swollen, and the interdental portions are clearly shown. The tartar and epithelial *débris* accumulate around the teeth. The inflammation may extend to the alveolo-dental periosteum, for the teeth seemed to lose their lime, become elevated, and may fall out. This gingivitis is situated particularly in the anterior portion of the jaws; it rarely goes back of the canine teeth. Only the convex sur-

face of the jaws is attacked. The treatment should be energetic; the tartar should be removed and the inflammation treated by astringent preparations, chlorate of potash, etc., and in grave cases with tincture of iodine, chromic acid, and hydrate of chloral mixed with some astringent tincture. (*Journal de Méd. de Paris.*)

THE ERYSIPELAS GERM.—At the recent congress of German surgeons, Fehleisen demonstrated (Annual of Anatomy and Surgery) the micrococci of erysipelas. A patient had been inoculated forty-five hours previously, and when shown displayed a typical erysipelas. The micrococci which had been implanted were the product of more than thirty generations, cultivated on gelatine, and could be considered entirely free from extraneous matter or germs. Of eight thus inoculated, only one failed to show typical results. The last trial in April was just as successful as the first during the previous August, and with the same culture. The one person on whom the experiment failed had suffered from an idiopathic attack but a short time before. (Medical Chronicle.)

HOMEOPATHY IN ENGLAND.—A homeopathic directory has recently been published in Great Britain. According to its pages there are two hundred and sixty practitioners of this class in Great Britain and Ireland, four only being in the latter country. As there are nineteen thousand nine hundred and forty-seven regular physicians, the ratio of homeopaths to regulars is, for England and Wales, one to sixty-four; for Scotland, one to one hundred and seventy; and for Ireland, one to six hundred and nine. Most of the homeopaths are in large towns; thus London has eighty-five, and Liverpool eleven. The contrast between the condition of things, as shown above, in England and in this country appears to be considerable. It is claimed that there are about six thousand homeopaths, so called, in the United States, giving a ratio to regular practitioners of about one to ten. (Canada Medical Record.)

PLASTER-OF-PARIS PESSARIES.—Dr. B. F. Dawson states that he has made use of plaster-of-Paris, molded within the vagina, with the most decided success, in two cases of displacement of the uterus. (New York Medical Journal.) The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster-of-Paris and water of about the consistence of gum, and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out, in a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days she said she had experienced great relief. On removing the plaster pessary, the mucous membrane with which it had come in contact, instead of being irritated, as one might have expected, was found to have been benefited by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained. The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instruments were removed, placed in fire to burn out the cotton, and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness and accuracy of adaptation. (Medical Record.)

GUACHAMACA.—Dr. Carl Sachs brought this plant from Venezuela to Europe, and prepared an extract from it. Its action is similar to that of curare. Besides, it has the power of producing sleep; but this effect makes its appearance very late. In one instance, in Prof. Frerich's clinic, after the injection subcutaneously of eleven milligrams the patient fell asleep three quarters of an hour after the administration of the extract.

The hypnotic effect continued for fully three hours, without any change in the circulation or respiration. (*Monatschrift f. Deut.-Amer. Aerzte.*)

Dr. D. W. Yandell:

In his report on Surgery, published in the May number of your journal, Dr. W. M. Fuqua remarks, on page 283: "Hunter McGuire, in 1873, was the first American surgeon who recommended the abdominal section in gunshot wounds of the abdomen." Dr. Fuqua has evidently overlooked the fact that on page 86 of Circular No. 3 (A Report on Surgical Cases treated in the Army of the United States from 1865 to 1871, Government Printing Office, 1871), this operation had been commended by the late lamented Dr. George A. Otis, Surgeon U. S. A.: "The wounds of the abdomen and pelvis include some remarkable examples of recovery from accidents of the gravest nature, but the general mortality is so very large as to furnish an additional argument in behalf of M. Legouest's proposition to incise the abdominal walls and explore the track of the projectile in certain gunshot penetrating or perforating wounds of that cavity. Thus only, in many cases, can the patient exchange the probability of inevitable death for the possibility of recovery, either through the prevention of extravasation by enterorraphy, or the bringing of the wounded viscus in apposition with the abdominal walls. For one, I am free to assert that where there is evidence that internal hemorrhage or fecal extravasation is going on, what may be termed the 'ostrich plan' of giving opium and 'making the patient comfortable' should be abandoned."

If you have not a copy of Circular 3, it would give me pleasure to forward you one.

Very truly yours, D. L. HUNTINGTON,
Surgeon U. S. A., in charge Surg'l Div. S. G. O.

WASHINGTON, August 29, 1883.

AUSCULTATION.—Dr. D. Drummond (British Medical Journal) finds auscultation of the trachea by means of a stethoscope, with the chest-piece inserted into the mouth of the patient, use-

ful in the diagnosis of tracheal compression, particularly when produced by aortic aneurism, in which case a systolic whiff is heard with each expiration. Auscultatory percussion practiced on this plan gives valuable indications in pulmonary disease. Thus in incipient phthisis a peculiar note is obtained, closely resembling "cracked-pot" resonance; in pleurisy a very short, high-pitched note is produced, very different from the low-pitched, more prolonged, and much louder tone heard if pneumonic consolidation exists. (Weekly Medical Record.)

ALOPECIA PREMATURA. — The Edinburgh Medical Journal reproduces from the *Berliner klinische Wochenschrift* the following note: O. Lassar has continued his observations on the nature of premature baldness, and has further convinced himself of the communicability of at least the form associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or white mice, baldness rapidly makes itself visible on the parts so treated. That this is not due to the vaseline, was shown by anointing other animals with the vaseline alone, which produced no effect whatever. He considers that the disease is spread by hair-dressers, who employ combs and brushes to their customers, one after another, without any regular cleansing to these articles every time they are used. During frequent visits to the hair-dresser's it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hair-dresser more frequently attends to them at their own homes, and there uses *their* combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and dressed at home, and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen min-

utes firmly. The head is then to be drenched with, first, warm water, and then gradually colder water. A two-per-cent corrosive-sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one-half-per-cent solution of naphthol in spirit rubbed into them. Finally, a pomade of one and a half to two per cent of carbolic or salicylic oil is to be used to the head. This treatment has now, in many cases, brought the disease not only to a stand, but the hair has been to a considerable extent restored.

THE ORIGIN OF THE CROONIAN LECTURES.—The Croonian lecture was founded by Lady Sadlier, in fulfillment of a plan of her former husband, Dr. Croone, one of the founders and the first registrar of the Royal Society. By her will, made in 1701, she devised "one fifth of the clear rent of the King's Head Tavern, in or near Old Fish Street, London, at the corner of Lambeth Hill, to be vested in the Royal Society for the support of a lecture and illustrative experiment on local motion." For many years past there has been no formal delivery of the lecture. The council of the Royal Society select from the papers presented to them during the preceding twelve months that one dealing with animal motion which they think most noteworthy, and publish it as the Croonian lecture, sending to the author the sum derived from Lady Sadlier's bequest. The amount of money is trivial, but the appointment as Croonian lecturer is a highly-prized distinction. The paper by Professor Martin, which is to be printed as the Croonian lecture for 1883, is on the Effect of Changes of Temperature on the Beat of the Heart. It is interesting to note that the first Croonian lecture, delivered by Dr. Stuart in 1738, was on the Motion of the Heart. (Boston Med. and Surg. Jour.)

LEMON-JUICE AND OYSTERS.—Many popular usages in ordinary life have been adopted either by instinct or from empirical notions, and thus it is a common practice to use lemon-juice with raw oysters. It appears, however, from the researches of M. Certes, a distinguished microscopist and biologist, that this

practice is not only a matter of taste, but that it has its utility, as lemon-juice has the property of destroying the animalcules which infest the stomachs of oysters. The moral to be drawn rom this is that oysters must be cooked, or, if eaten raw, should be accompanied by lemon-juice to avoid the possible evil consequences of parasiticism. (Lancet.)

IT is reported that Dr. Jakimovicz, of Jarvszinka, in the government of Kiew, Russia, has just died at the age of one hundred and six, and that he was able until nearly the close of his life to superintend the carrying on of an extensive practice.

WHEN you examine the hand of a patient, and find on it the evidences of palmar psoriasis, be that hand the jeweled and perfumed one of a queen or the dirty paw of a beggar, it is the hand of a syphilitic. (Hebra.)

IT is said that in former times the heavy drinkers of England had the custom of drinking a glass of oil at the beginning of a meal. Thus they prevented the rapid absorption of alcohol by the stomach, and so avoided drunkenness. (Lancet and Clinic.)

PROFESSOR H. C. WOOD has retired from the chief editorship of the Philadelphia Medical Times, which journal will hereafter be edited by Dr. Frank Woodbury.

THE first edition of a German translation of Prof. Da Costa's excellent and well-known work on Medical Diagnosis has been exhausted in less than nine months after its publication.

INHALATIONS of steam in diphtheria, containing oil of eucalyptus, generated from the leaves, are highly recommended by a writer in the Lancet. Thirty-seven recoveries are reported.

CANNABIS INDICA, in doses of five minims of the tincture every three hours, is recommended in menorrhagia.

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